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CAPACITY/RATIO SCENARIOS FOR FAMILY CHILD CARE HOMES

1. A Family Child Care Home I provider is caring for mixed ages. S/he has three infants under 12 months; one is 6 weeks of age and two are twins, age 6 months. S/he has five other children in care.

*An alternative compliance is needed because none of these infants are 12 months of age AND care is being provided for twins. The alternative compliance will allow the provider to care for three under 12 months, however, care will be limited to a maximum of eight children at one time.

2. A Family Child Care Home I provider wants to care for four infants under 12 months of age and four toddlers.

*In this case, the provider would need to become a Family Child Care Home II.

3. A Family Child Care Home I provider has three infants in care; twins who are 6 months of age and another infant who is 15 months. Five toddlers and preschoolers are also in attendance.

*This provider meets the regulation, as one infant is at least 12 months of age, and care is being provided to a maximum of eight children while the three infants are present.

4. A Family Child Care Home I provider has triplets in care, age 6 months. Care is also being provided for five toddlers and preschoolers.

*An alternative compliance is required as none of these infants are at least 12 months of age AND they are triplets. The provider must remain at a capacity of eight.

5. A Family Child Care Home I provider has three infants in care; age 6 weeks, age 10 months, and age 17 months. Care is provided for five toddlers and preschoolers and the provider wishes to care for two additional school-agers during non-school hours.

*The provider would not be allowed to care for the additional school-agers while all three infants are present, because s/he has three infants under 18 months. The regulation states that no more than two children can be under 18 months if two additional school-age children are in care. S/he has the option of becoming a Family Child Care Home II.

6. A Family Child Care Home I provider has three infants in care and wishes to care for an additional infant for one month until the older infant in care reaches 18 months. This fourth infant will make a total of nine children in care.

*Provider can license as a Family Child Care Home II.

7. A Family Child Care Home I provider has two infants in care plus eight additional children (two are schoolage). A parent has requested the provider care for an infant age 6 months.

*This situation is not possible since Family Child Care Home I providers are limited to 10 children. The provider could obtain a Family Child Care Home II license and use a second caregiver.

8. A Family Child Care Home I provider has three infants under 12 months and four other children in care.

*This would not be allowed. The provider is not infant only and needs to follow regulation #38. Therefore, one infant needs to be over 12 months, or she could become a FCCH II.

9. A Family Child Care Home I provider has one infant in care (age 4 months) and five preschoolers. She would like to start caring for 7-month-old twins. Is this possible?

*Yes. S/he will be allowed an alternative compliance since the children are twins and this will result in three children under 12 months being in care. S/he will be limited to eight total children.

*NOTE: Alternative compliances are not granted if a provider already has twin infants in care and wishes to accept another infant. By accepting the twins initially, s/he has already filled the two infant spots.

FREQUENTLY ASKED QUESTIONS FOR RATIO/CAPACITY IN FAMILY CHILD CARE HOMES:

1. A Family Child Care Home I provider has three infants in care. How many other children may be in care?

*If a provider is caring for three infants, care must be limited to a maximum of eight at one time. One of the infants must be at least 12 months old.

2. If a Family Child Care Home I provider has two infants, how many other children may be in care?

*If a provider cares for two infants, care must be limited to a maximum of 10 children at one time. Of these 10 children, at least two children must be school-aged.

3. How do you know if a child is school-aged?

*A school-aged child has attended their first day of kindergarten.

4. Do own children count in license capacity?

*If own child(ren) are under the age of eight years, they count in the capacity. This applies to children of the secondary provider when s/he is present.

5. A provider's license says capacity is 10 children. Does s/he have to care for 10 children and if s/he cares for less, must the license be amended?

*No. Ten children is the MAXIMUM number of children a provider could care for. A provider may care for fewer children as long as s/he maintains proper ratio. See page 22. If s/he chooses to care for fewer children than the maximum number of children listed on the license, s/he does NOT have to amend the license.

6. Is it possible to care for three infants under 12 months?

*Yes. A provider may care for a maximum of four infants, but would not be able to care for any other children. If the provider has three infants and one toddler, s/he may still provide care, but would still be limited to caring for a maximum of four children. When providing this type of care, the provider does NOT have to count own school-aged children in her ratio/capacity.

7. A provider does part-time and shift care. Is it acceptable to have more than ten children enrolled in the program?

*Yes. Enrollment and capacity are different issues. Capacity refers to the actual number of children present at a specific time. Enrollment is the total number of children who might attend the program. For example: eight preschoolers and two school-age children have been in care and are picked up at 5:30. Four evening care children arrive an hour later at 6:30. Although a total of 14 children were in care throughout the day, only 10 children were in care at any one time. In this example, 14 children were enrolled, but since no more than 10 children were in care at a specific time, capacity was maintained. Ratio and capacity must be met at all times. There is no allowance for being over capacity at any one time, including drop off and pick up times. Please review capacity and ratio issues with parents prior to enrollment.

8. Can a provider have different ratios at different times of the day?

*Yes. For example, providers have the flexibility to care for four infants only in the morning. The infants leave by 11:45 a.m. At 12:00, two kindergartners and three preschool children arrive for the rest of the day. The provider has never exceeded the proper capacity or ratio for the actual number of children in care at one time.

9. Can a Family Child Care Home II provider care for four infants with no other provider?

*Yes. A Family Child Care Home II can care for four infants with no second provider as long as no other children are in care.

10. A Family Child Care Home II provider cares for two infants, six preschoolers and two school-age children. How many providers need to be present?

*Only one provider is needed. Ratio is met.

11. A Family Child Care Home II provider cares for two infants, six preschoolers, and two more preschoolers arrive later. Does s/he need a second provider?

*Yes. Whenever more than eight children who are not yet school age are in care, a second provider is needed.

12. A Family Child Care Home II provider cares for two infants, six preschoolers and two school-agers. Another child will arrive. Does s/he need a second provider?

*Yes. Any time the eleventh or twelfth child arrives, a second provider is needed.

13. A Family Child Care Home II provider cares for three infants, one is at least a year old. S/he also has five other children in care. Can s/he care for more children?

*Yes. If a second provider is present. Since the three infants are in care, the provider could have a maximum of eight children if s/he was alone.

14. A Family Child Care Home II provider cares for seven infants, three preschoolers and two school-agers. How many providers are needed?

*Three providers would be needed. Since seven infants are present, the provider qualifies as an infant only provider. S/he uses the chart to determine the ratios. Infant only providers must meet a 4:1 ratio.

15. A Family Child Care Home II provider has six infants: 6 weeks, 5 months, 3 months, 2 months, 14 months, and 17 months. Six other children are in care. How many providers are needed?

*The provider is considered mixed age since only six children are infants. The provider meets regulation #38 since one infant per provider is at least 12 months old. Two providers would be needed.

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*Providers are allowed and encouraged to photocopy all information and forms located in the Appendix.

ACCIDENT REPORT

Child's Name _____ Date _____

Description of injury _____

How injury occurred _____

Time of report _____

Type of first aid _____

Signature of Caregiver _____

AGE-APPROPRIATE TOYS AND ACTIVITIES

3-6 MONTHS	Mobile	Cradle gym	Rattle	Cuddly toys	Balls of all sizes	
12 MONTHS books	Cloth (pots, pans, wooden	Household items spoons, empty food boxes)		Soft blocks pull toys	Fill and dump toys and	
18 MONTHS	Books with stiff pages, Stacking toys	Sand and water play Simple puzzles		Plastic and rubber animals, toy cars, buses, trucks Empty boxes, living room furniture for climbing	Small wagons, tricycle, plastic refrigerator containers Stairs (supervised climbing)	
2 YEARS	In addition to above: Large crayons, dolls	Swings, small slides		Small chairs/labfes, full length door mirror	Play phones	
	LARGE MUSCLE EQUIPMENT	BLOCKS	DRAMATIC PLAY	SCIENCE	CREATIVE ART	MISCELLANEOUS
3 YEARS	Large appliance boxes Wagons Tricycles Stairs to climb	Large blocks Small unit blocks Rubber or plastic zoo and farm animals	Child size tables and chairs, Playhouse furniture (can easily be made from appliance boxes) Play phones Dolls, doll clothes, beds	Magnets Prisms Plants Bones	Finger paint Easel and paint Large crayons Brushes Clay	Bubble blowing Sand and equipment (shovels, pails, sieve, spoons, e1c.) Water & equipment (squeeze bottles, sink and float toys, sponges, dolls to bathe, soap) Books, records Beads for stringing
4 YEARS games	In addition to above: Wheelbarrow, Scooter Slides, Swings, Shovel, Rakes	In addition to above: Large and small boxes for building, Blankets and ropes for tents	In addition to above: Brooms, dust pan, mop Wallets, play money, Empty food boxes Unbreakable pots, pans, & dishes, Variety of men's and women's clothes for dress up, Puppets	In addition to above: Pets, aquariums Magnifying glass Worms, snails Insects	In addition to above: Chalk, Markers, Scissors, Paper punch, Collage materials	In addition to above: Puzzles, Bean bags-targets Saw, hammer, nails, wood (to use with supervision) Buttons, zippers, snaps for practice, Sorting activities (buttons, colored paper) Size (arranging, stacking, nesting according to size) Shape games Number, alphabet games Writing activities
5YEARS	All the above Stilts, Jump rope	All the above Boards- (inclined planes) Pulleys	In addition to above: Prop boxes	In addition to above: Ant farm, Bird house, Stethoscope	All the above	

CHILD CARE GRANTS

The Child Care Grant Fund awards \$200,000 of grant money to child care providers throughout the State of Nebraska. These providers must meet at least one of the following criteria: (1) currently licensed and need assistance with items that are required to meet licensing standards with appropriate documentation; (2) making minor building modifications absolutely necessary to meet licensing requirements for new programs; (3) making minor building modifications or purchasing equipment to increase the number of infants, children with disabilities, children who may be ill, and/or school-age children served; (4) making minor building modifications for licensed providers changing from a Family Child Care Home I or a Family Child Care Home II to a Center. These applications are available monthly. Home-based facilities can apply for up to \$500 and centers can apply for up to \$1,000.

In addition, the Emergency Mini-Grant awards a total of \$50,000 through the year. Providers must be licensed and requesting items that are required to meet licensing standards with appropriate documentation. The maximum amount of the Emergency Mini-Grant is \$2,000 for providers with an operating license. Providers with a provisional license can apply for up to \$1,000. A facility can receive a child care grant once every three years. Applicants not funded may reapply.

Questions and requests for additional information should be directed to: Melanie Carlson, Grants Manager, Child Care Subsidy and Quality, Department of Health and Human Services, P.O. Box 95044, Lincoln, NE 68509-5044; (402) 471-9152.

Page 62 Map

CHILD CARE REGISTRATION CLERKS

Lincoln Lancaster County Health Department —

Roni Olander
3140 N Street
Lincoln, NE 68510
(402) 441-8023
1-888-371-5011

Counties:

Butler, Cass, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, York

OMAHA OFFICE —

Kathy Olmsted
Keeline 200A
1215 South 42nd Street
Omaha, NE 68105
(402) 595-1221

Counties: Douglas, Sarpy

CENTRAL OFFICE —

HHSS/Regulation & Licensure
Lois Troy, 3rd Floor
P. O. Box 95007
Lincoln, NE 68509-5007
(402) 471-9278
800-600-1289

Counties:

Adams, Antelope, Arthur, Banner, Blaine, Boone, Box Butte, Boyd, Brown, Buffalo, Burt, Cedar, Chase, Cherry, Cheyenne, Clay, Colfax, Cuming, Custer, Dakota, Dawes, Dawson, Deuel, Dixon, Dodge, Dundy, Franklin, Frontier, Furnas, Garden, Garfield, Gosper, Grant, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Hooker, Howard, Kearney, Keith, Keya Paha, Kimball, Knox, Lincoln, Logan, Loup, Madison, McPherson, Merrick, Morrill, Nance, Nuckolls, Perkins, Phelps, Pierce, Platte, Red Willow, Rock Scottsbluff, Sheridan, Sherman, Sioux, Stanton, Thomas, Thurston, Valley, Washington, Wayne, Webster, Wheeler

COMMUNICABLE DISEASE NOTIFICATION RECORD

List B

Date of Outbreak: _____

Disease: _____

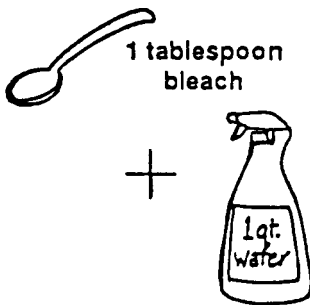
Health Authority Notified:

Date/Time:

DISINFECTING

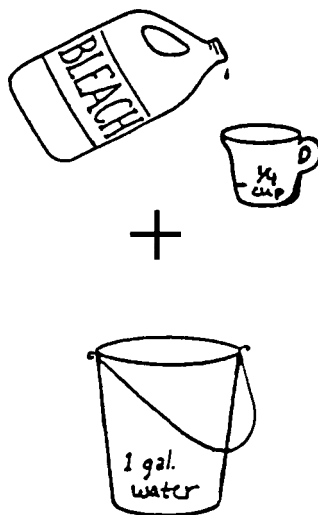
Disinfecting with Bleach Solution

Disinfectants are chemicals that reduce the number of germs. Bleach is an excellent disinfectant.



For non-food surfaces: Mix 1/8 to 1/4 cup bleach in 1 gallon water or 1/2 to 1 tablespoon bleach in a quart of water. Saturate area with the solution and air dry. Do not rinse.

For mouthed toys or eating utensils: Boil, use a dishwasher, or soak clean items for 2 minutes in a weak bleach solution of 1 tablespoon bleach to 1 gallon of water or 1 teaspoon of bleach in 1 quart of water. Do not rinse.



The bleach solution must be made daily because it weakens over a day's time and then will not be strong enough to get rid of germs. Any store-bought liquid chlorine bleach mixed with cool water will do. Surfaces and objects which have obvious dirt on them should be first cleaned with soap and water. Then apply bleach and water solution to soiled objects and surfaces by spraying from a spray bottle or by dipping the object in the solution.

Disinfect toys daily or when obviously dirty by one of the following:

- Washing with soap and water to remove obvious dirt and, if possible, dipping in chlorine bleach and water solution. Allow toys to air dry before returning them to children.
- Running toys through full wash and dry cycles of dishwasher.
- Washing cloth toys, dress-up clothes, etc. in the washing machine with detergent and water and air or machine drying them.

Although the bleach and water solution may be used as a cleaning agent, it is not necessary to lock it. If mixed according to the instructions above, the solution will not be toxic.

Consumer Product SAFETY ALERT

FROM THE U.S. CONSUMER PRODUCT SAFETY COMMISSION, WASHINGTON, D.C. 20207

Prevent Child Drownings In the Home

The U.S. Consumer Product Safety Commission (CPSC) warns that young children can drown in very small amounts of water. CPSC has reports of more than 300 children since 1973 who have drowned in bathtubs, basins, showers, and jetted bathtubs in as little as two inches of water; 49 children who drowned in toilet bowls, usually after falling in head first; and 30 children who drowned in diaper pails. More than 200 children have drowned in 5-gallon buckets since 1984.

The Commission offers these safety tips to help prevent child drownings in the home:

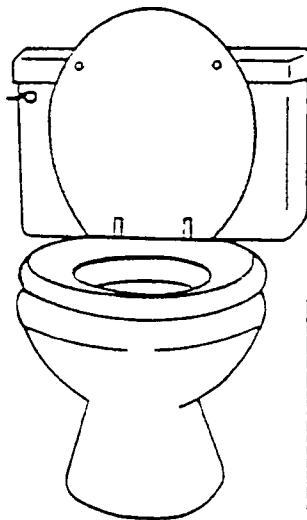
- Keep young children out of the bathroom unless you are watching them closely.
- Empty 5-gallon buckets after each use. Do not leave even a few inches of liquid in the bucket because a young child could topple into the bucket and drown. Do not allow

unattended toddlers around buckets while the buckets are in use.

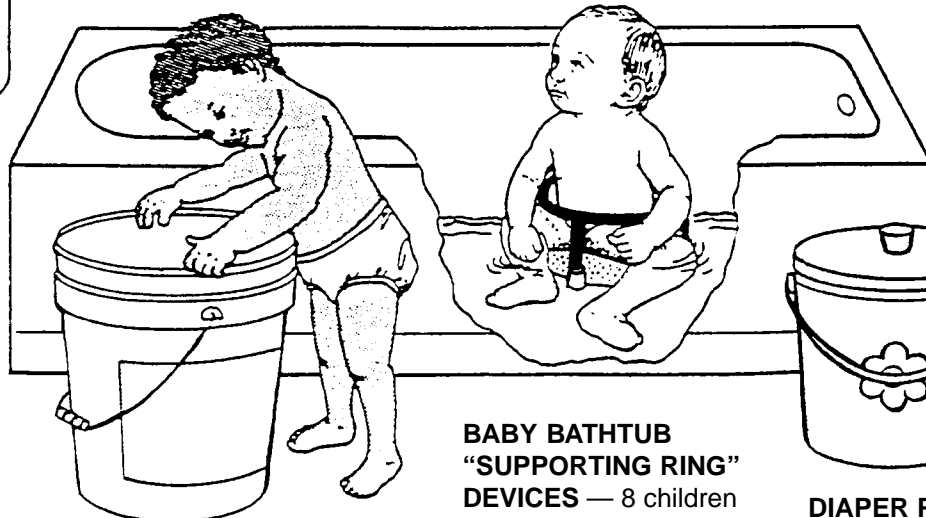
- Do not rely on baby bathtub “supporting ring” devices to keep baby safe in the tub. Never leave a baby alone in these bath support rings. Even turning away to answer the doorbell or telephone can result in drowning or submersion of the baby.

DROWNING HAZARD

- **Keep small children away from buckets, toilets and other containers of water.**
- **Supervise young children at all times in the bathtub.**



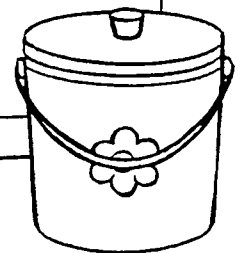
TOILETS
49 children
drowned
since 1973



5-GALLON BUCKETS
more than 200 children
drowned since 1984

**BATHTUBS, BASINS, SHOWERS AND
JETTED BATHTUBS** — more than 300
children drowned since 1973

**BABY BATHTUB
“SUPPORTING RING”
DEVICES** — 8 children
drowned since 1983



DIAPER PAILS
30 children
drowned
since 1977

EXOTIC ANIMALS

The following information regarding “unusual animals” was provided by Animal Control, Lincoln-Lancaster County Health Department, Lincoln, Nebraska. Please refer to any local ordinances in your area regarding exotic animals.

“Pet Animal shall mean dogs, cats, birds, guinea pigs, hamsters, mice, snakes, iguanas, turtles, or any other species of wild or domestic animals sold or offered for sale for the purpose of being kept as household pets, except unusual animals.”

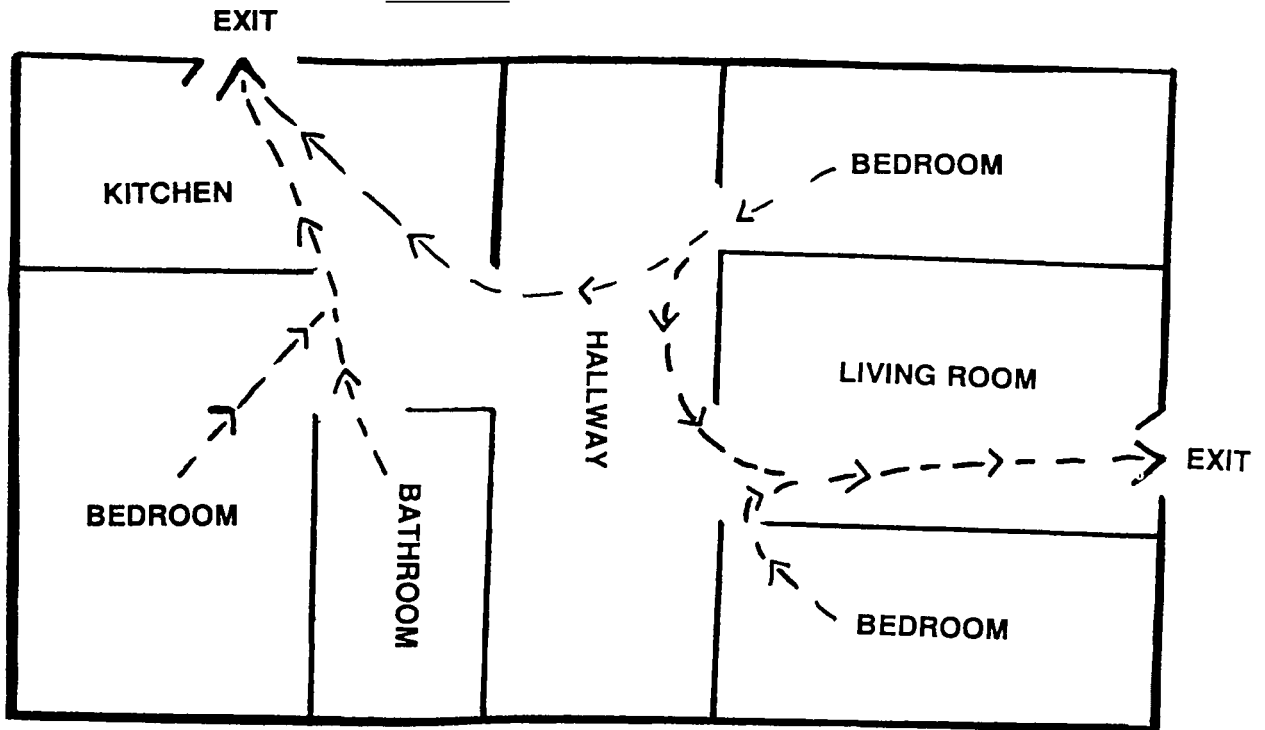
Unusual animals shall mean any poisonous or potentially dangerous animal not normally considered domesticated and shall include animals prohibited by the city ordinances, State of Nebraska, or federal requirements, and also:

1. Class mammalia; order carnivora, family felidae (such as lions, tigers, jaguars, leopards, and cougars) except commonly accepted domesticated cats and hybrids involving same; family canidae (such as wolves, coyotes, and fox) except domesticated dogs and hybrids involving same; family mustelidae (such as weasels, martins, fishers, skunks, wolverines, mink, and badgers) except ferrets; family procyonidae (such as raccoon); family ursidae (such as bears); order primata (such as monkeys and chimpanzees); and order chiroptera (such as bats).
2. Poisonous reptiles, cobras, and their allies (elapidae hydrophiidae); vipers and their allies (crotiladae, viperidae); boomslang and kirtland’s tree snake; and gila monster (heleodermatidae).

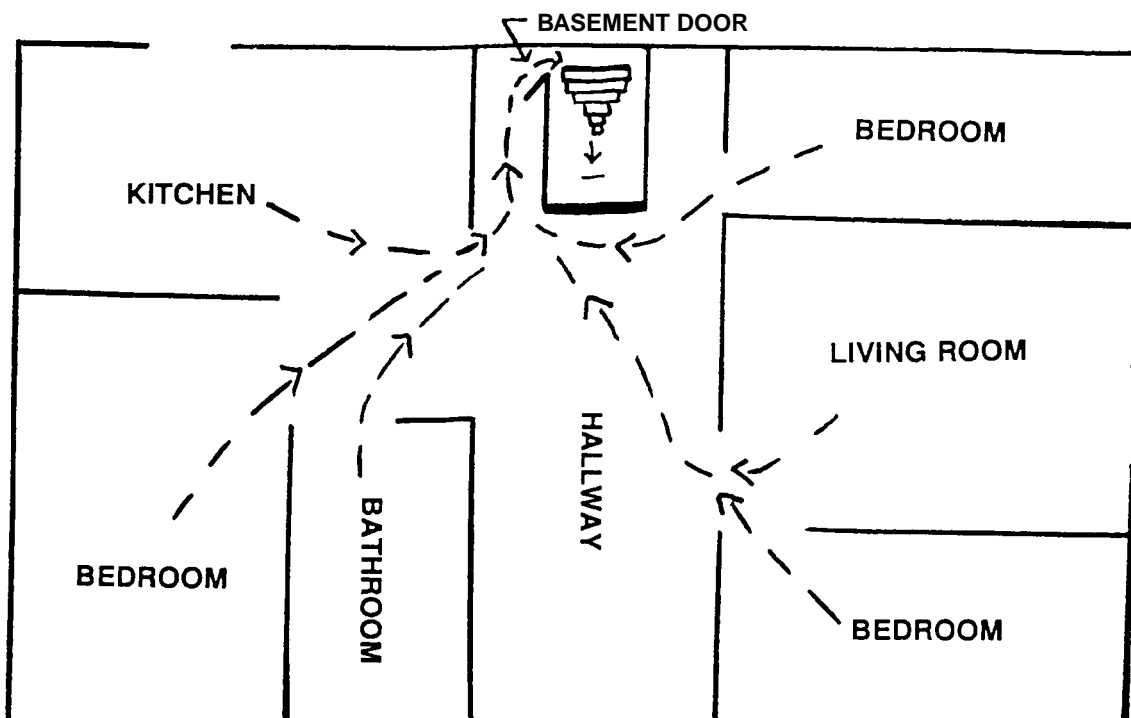
Additional information specific to dangers to young children provided by Animal Control, Lincoln-Lancaster County Health Department:

1. Hybrid wolves have attacked and seriously injured or killed children, not out of aggression, but to certain stimuli, i.e., a child having a temper tantrum may be viewed as prey.
2. Domestic ferrets, although very friendly and active, have bitten very young children, mostly infants. It is believed they were licking the milk off the face which then lead to bites. Assure that these animals, if present, are properly confined away from very young children.
3. Boas, pythons, and alligators should not be around small children. Small reptiles are not a problem, but a larger size could be. To date, there have been no reported attacks from these animals in Nebraska.

SAMPLE FIRE SAFETY PLAN



SAMPLE TORNADO SAFETY PLAN



FIRE AND TORNADO DRILLS RECORD

[illegible]

STATE FIRE MARSHAL
DESIGNATED AREA COUNTIES AND DELEGATED AUTHORITY CITIES

ADAMS	B	KEITH	C	<u>AREA "A"</u>
ANTELOPE	B	KEYA PAHA	B	State Fire Marshal Office
ARTHUR	C	KIMBALL	C	246 South 14th Street
BANNER	C	KNOX	B	Lincoln, NE 68508
BLAINE	B	LANCASTER	A	(402) 471-2590
BOONE	B	LINCOLN	C	
BOX BUTTE	C	LOGAN	C	<u>AREA "B"</u>
BODY	B	LOUP	B	State Fire Marshal Office
BROWN	B	MADISON	B	438 West Market
BUFFALO	C	MCPHERSON	C	Albion, NE 68620
BURT	B	MERRICK	B	(402) 395-2164
BUTLER	B	MORRILL	C	
CASS	A	NANCE	B	<u>AREA "C"</u>
CEDAR	B	NEMAHA	A	State Fire Marshal Office
CHASE	C	NUCKOLLS	A	Craft State Office Building
CHERRY	C	OTOE	A	200 South Silber
CHEYENNE	C	PAWNEE	A	North Platte, NE 69101
CLAY	A	PERKINS	C	(308) 534-6780, Ext. 181
COLFAX	B	PHELPS	C	
CUMING	B	PIERCE	B	Counties are delegated to areas
CUSTER	C	PLATTE	B	with the area letter following the
DAKOTA	B	POLK	B	County Name.
DAWES	C	RED WILLOW	C	
DAWSON	C	RICHARDSON	A	<u>DELEGATED AUTHORITIES</u>
DEUEL	C	ROCK	B	(Local Fire Departments to
DIXON	B	SALINE	A	Receive Any Referrals Located
DODGE	B	SARPY	A	within the Following City Limits)
DOUGLAS	A	SAUNDERS	A	
DUNDY	C	SCOTTS BLUFF	C	Beatrice
FILLMORE	A	SEWARD	A	Bellevue
FRANKLIN	C	SHERIDAN	C	Grand Island
FRONTIER	C	SHERMAN	B	Lincoln
FURNAS	C	SIOUX	C	Norfolk
GAGE	A	STANTON	B	North Platte
GARDEN	C	THAYER	A	Omaha
GARFIELD	B	THOMAS	C	Scottsbluff
GOSPER	C	THURSTON	B	
GRANT	C	VALLEY	B	(See following page for
GREELEY	B	WASHINGTON	B	addresses)
HALL	B	WAYNE	B	
HAMILTON	A	WEBSTER	B	
HARLAN	C	WHEELER	B	
HAYES	C	YORK	A	
HITCHCOCK	C			
HOLT	B			
HOOKE	C			
HOWARD	B			
JEFFERSON	A			
JOHNSON	A			
KEARNEY	C			

DELEGATED AUTHORITIES

Beatrice Fire Department
John Carrel, Inspector
310 Ella Street
Beatrice, NE 68310
(402) 228-3306

Bellevue Fire Department
Mel Hess, Inspector
211 West 22nd Avenue
Bellevue, NE 68005
(402) 293-3153

Grand Island Fire Department
Steve Thuernagle, Inspector
P. O. Box 1968
Grand Island, NE 68802
(308) 385-5444, Ext. 220

Lincoln Bureau of Fire Prevention
Jack Bruns, Inspector
555 South 10th Street
Lincoln, NE 68508
(402) 441-6438

Norfolk Fire Department
Terry Zwiebel, Inspector
701 Koenigstein Avenue
Norfolk, NE 68701
(402) 644-8739

North Platte Bureau of Fire Prevention
George Lewis, Inspector
715 South Jeffers
North Platte, NE 69101
(308) 534-7728

Omaha Bureau of Fire Prevention
Tim Melonis, Inspector
1516 Jackson
Omaha, NE 68102
(402) 444-5710

Scottsbluff Fire Department
Ken Meyer, Inspector
1818 Avenue A
Scottsbluff, NE 69361
(308) 630-6227

THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP) APPROVED SPONSORS OF FAMILY DAY CARE HOMES

Child Nutrition Center

9001 Arbor, Suite 101

P.O. Box 24610

Omaha, NE 68124

Telephone: (402) 399-9690 or 1-800-238-8931

Contact: Karen Jones

Counties Served: Adams, Buffalo, Burt, Butler, Cass, Cedar, Clay, Colfax, Cuming, Dakota, Dixon, Dodge, Douglas, Fillmore, Franklin, Gage, Hall, Harlan, Hamilton, Jefferson, Johnson, Kearney, Knox, Lancaster, Madison, Merrick, Nemaha, Otoe, Pawnee, Phelps, Pierce, Platte, Polk, Richardson, Saline, Sarpy, Saunders, Seward, Stanton, Thurston, Washington, Wayne, York

Child Nutrition Services

P.O. Box 804

Beatrice, NE 68310

Telephone: (402) 228-4044 or 1-800-927-7122

Contact: Jody Wellensiek

Counties Served: Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Nuckolls, Otoe, Pawnee, Richardson, Saline, Seward, Thayer, York

Family Service Child Care Food Program

501 South 7th Street

Lincoln, NE 68508

Telephone: (402) 441-7949 or 1-800-642-6481

Contact: Lynn Goering

Counties Served: Adams, Antelope, Blaine, Boone, Boyd, Brown, Buffalo, Burt, Butler, Cass, Cedar, Chase, Cherry, Clay, Colfax, Cuming, Custer, Dakota, Dawson, Dixon, Dodge, Douglas, Dundy, Fillmore, Franklin, Frontier, Furnas, Gage, Garfield, Gosper, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Howard, Jefferson, Johnson, Kearney, Keith, Keya Paha, Knox, Lancaster, Lincoln, Loup, Madison, Merrick, Nance, Nemaha, Nuckolls, Otoe, Pawnee, Perkins, Phelps, Pierce, Platte, Polk, Red Willow, Richardson, Rock, Saline, Saunders, Sarpy, Seward, Sherman, Stanton, Thayer, Thurston, Valley, Washington, Wayne, Webster, Wheeler, York

Family Service - Omaha

2101 S. 42nd Street Court

Omaha, NE 68105

Telephone: (402) 553-3000 or 1-800-762-0868

Contact: Jeany Morton

Counties Served: Butler, Cass, Dodge, Douglas, Otoe, Sarpy, Saunders, Washington

Midwest Child Care Association

Sol 5 Dodge Street, Suite Two

Omaha, NE 68132

Telephone: (402) 551-2379 or 1-800-876-1892

Contact: Christie Bower

Counties Served: Adams, Antelope, Boone, Buffalo, Burt, Butler, Cass, Cedar, Clay, Colfax, Cuming, Custer, Dakota, Dawson, Dixon, Dodge, Douglas, Fillmore, Franklin, Furnas, Gage, Gosper, Greeley, Hall, Hamilton, Harlan,

Hamilton, Howard, Jefferson, Johnson, Kearney, Knox, Lancaster, Madison, Merrick, Nance, Nemaha, Nuckolls, Otoe, Pawnee, Phelps, Pierce, Platte, Polk, Richardson, Saline, Sarpy, Saunders, Seward, Sherman, Stanton, Thayer, Thurston, Washington, Wayne, Webster, Valley, York

Offutt Child Development Center

SVS/SVYC MBB 2084

109 Grant Circle, Suite 101

Offutt AFB, NE 68113-2084

Telephone: (402) 294-2203 or (402) 294-2014

Contact: Rosalynn Johnson

Counties Served: Sarpy (Wherry and Capehart Housing Only)

Panhandle Family Day Care

P.O. Box 69

Scottsbluff, NE 69363

Telephone: (308) 632-1363 or 1-800-915-2237

Contact: Nancy J. Bentley

Counties Served: Arthur, Banner, Blaine, Box Butte, Brown, Buffalo, Chase, Cherry, Cheyenne, Custer, Dawes, Dawson, Deuel, Dundy, Franklin, Frontier, Furnas, Garden, Garfield, Gosper, Grant, Harlan, Hayes, Hitchcock, Hooker, Kearney, Keith, Keya Paha, Kimball, Lincoln, Logan, Loup, McPherson, Morrill, Perkins, Phelps, Red Willow, Rock, Scotts Bluff, Sheridan, Sherman, Sioux, Thomas, Valley

Providers Network, Inc.

3940 Cornhusker Hwy, Suite 500

Lincoln, NE 68504

Telephone: (402) 464-4335 or 1-800-764-4335

Contact: Gaylene Barstow

Counties Served: Adams, Boone, Buffalo, Burt, Butler, Cass, Colfax, Cuming, Dodge, Gage, Hall, Hamilton, Jefferson, Johnson, Lancaster, Madison, Merrick, Nance, Nemaha, Otoe, Pawnee, Platte, Polk, Saline, Saunders, Seward, Stanton, Washington, York

Rates of Reimbursement

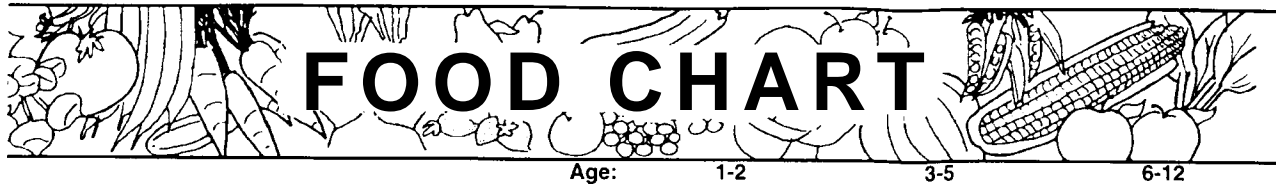
	Tier I	Tier II
Breakfast	\$0.90	\$0.34
Lunch/Supper	\$1.00	\$0.49
Supplement (Snacks)	\$0.49	\$0.13

For information on criteria for Tier 1 & Tier 11 rates, contact your sponsor.

**Reimbursement rates are
the same for all sponsors**

(Rev. 8-20--98)

Child and Adult Care Food Program



BREAKFAST

	Age:	1-2	3-5	6-12
Fluid milk		1/2 cup	3/4 cup	1 cup
Juice or fruit or vegetable		1/4 cup	1/2 cup	1/2 cup
Grains/Breads		1/2 slice* (or 1/2 serving)	1/2 slice* (or 1/2 serving)	1 slice* (or 1 serving)
or cold dry cereal		1/4 cup (or 1/3 oz.)	1/3 cup (or 1/2 oz.)	3/4 cup (or 1 oz.)
or cooked cereal		1/4 cup	1/4 cup	1/2 cup

SNACK select two of the following four components**

Fluid milk	1/2 cup	1/2 cup	1 cup
Juice or fruit or vegetable	1/2 cup	1/2 cup	3/4 cup
Meat or meat alternate or yogurt	1/2 ounce	1/2 ounce	1 ounce
Grains/Breads	2 ounces (or 1/4 cup)	2 ounces (or 1/4 cup)	4 ounces (or 1/2 cup)
	1/2 slice* (or 1/2 serving)	1/2 slice* (or 1/2 serving)	1 slice* (or 1 serving)

LUNCH/SUPPER

Fluid milk	1/2 cup	3/4 cup	1 cup
Meat or poultry or fish or cheese or cottage cheese, cheese food, or cheese spread or egg or cooked dry beans or peas or peanut butter, soybean butter or nut or seed butters or peanuts, soybeans, tree nuts or seeds or yogurt or an equivalent quantity of any combination of the above meat/meat alternative	1 ounce 1 ounce 2 ounces (1/4 cup) 1 1/4 cup 2 T. 1/2 oz.=50% 4 ounces (or 1/2 cup)	1 1/2 ounces 1 1/2 ounces 3 ounces (3/8 cup) 1 3/8 cup 3 T. 3/4 oz.=50% 6 ounces (or 3/4 cup)	2 ounces 2 ounces 4 ounces (1/2 cup) 1 1/2 cup 4 T. 1 oz.=50% 8 ounces (or 1 cup)
Vegetables &/or fruits (2 or more)	1/4 cup (Total) 1/2 slice* (or 1/2 serving)	1/2 cup (Total) 1/2 slice* (or 1/2 serving)	3/4 cup (Total) 1 slice* (or 1 serving)
Grains/Breads			

POINTS TO REMEMBER

Keep menu production records
The required amount of each food must be served
Use full-strength juice

NET Nutrition Education and Training
Minnesota Department of Education

*or an equivalent serving of an acceptable grains/breads such as cornbread, biscuits, rolls, muffins, etc., made of wholegrain or enriched meal or flour, or a serving of cooked enriched or wholegrain rice or macaroni or other pasta products.

**For snack, juice or yogurt may not be served when milk is served as the only other component.

The Nutrient Education & Training (NET) Program are available to all individuals regardless of race, color, national origin, age, sex, or disability. Any person who believes that he or she has been discriminated against in any USDA-related activity should write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

Revised and Reprinted by the Nebraska Department of Education. Reprinted 1997

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE**

PUBLIC HEALTH ASSESSMENT DIVISION

CENTRAL OFFICE

1. Public Health Assessment Division
301 Centennial Mall South
P.O. Box 95007
Lincoln, NE 68509-5007
Phone: (402) 471-2541

DISTRICT OFFICES

- | | |
|---|---|
| <ol style="list-style-type: none">2. Norfolk District Office
P.O. Box 1209
Norfolk, NE 68701
Phone: (402) 370-32844. Western Regional Office
4500 Avenue I, P.O. Box 1500
Scottsbluff, NE 69361-0872
Phone: (308) 632-1299 | <ol style="list-style-type: none">3. North Platte District Office
200 South Silber Street
North Platte, NE 69101
Phone: (308) 535-81345. Grand Island District Office
105 East 1st Street
Grand Island, NE 68801
Phone: (308) 385-5175 |
|---|---|

LOCAL COUNTY HEALTH DEPARTMENT DELEGATES

ADAMS COUNTY - HASTINGS
HAROLD MARTSON
220 N. Hastings
Hastings, NE 68901
(402) 461-2301

DOUGLAS COUNTY - OMAHA
MARIE SEMPEK
401 Civic Center
1819 Farnam Street
Omaha, NE 68183
(402) 444-6886

HALL COUNTY - GRAND ISLAND
GENE RALLENS
105 East 1st
Grand Island, NE 68801
(308) 385-5175

LANCASTER COUNTY - LINCOLN
JANE STOREY
3140 N Street
Lincoln, NE 68510-1514
(402) 441-8025

SCOTTS BLUFF COUNTY - GERING
BILL WINEMAN
Scotts Bluff County Admin. Building
1825 10th
Gering, NE 69362
(308) 436-6636

IMMUNIZATION RECORD

NAME _____

MEDICAL NOTES _____							
VACCINE	VACCINE TYPE	Dose	Normal Schedule	Date Given			DOCTOR OR CLINIC ADMINISTERING
				Mo.	Day	Yr.	
Polio OPV or IPV		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	4-6 yrs.				
DTP/DT Diphtheria Tetanus Pertussis		1	2 mo.				
		2	4 mo.				
		3	6 Mo.				
		4	15 mo.				
		5	4-6 yrs.				
Td (Adult) Tetanus Diphtheria 10 Years		1	15 yrs.				
		1	25 yrs.				
		1	35 yrs.				
		1	45 yrs.				
		1	55 yrs.				
		1	65 yrs.				
		1	75 yrs.				
		1	85 yrs.				
M-M-R M-M-R or Measles Rubella Mumps		1	12-15 mo.				
		2					
		1					
		1					
		1					
Hepatitis B		1	Today				
		2	1 mo. after 1				
		3	5 mo. after 2				
Hib Haemophilus Influenza B		1	2mo.				
		2	4 mo.				
		3	6 mo.				
		4	15 Mo.				
Other							

IPECAC SYRUP GUIDELINES

Providers may consider keeping Ipecac Syrup in the first aid kit in case of poisoning. Ipecac Syrup is not required in first aid kits, but if used it is extremely important that the provider follow these guidelines:

1. The kit must be locked if it contains Ipecac Syrup.
2. Ipecac Syrup **MUST** only be administered if provider is instructed to do so by a physician or Poison Control.
3. The Poison Control Center number (1-800-955-9115) should be prominently posted near the telephone, and the provider should contact the Center **BEFORE** giving Ipecac Syrup.
4. The bottle should be checked periodically to ensure that the expiration date is not exceeded.
5. Written permission slips from parents should be kept on file stating that Ipecac Syrup can be given to their child. This permission should include that Ipecac Syrup will only be given in an emergency when the provider is authorized to do so by a physician or the Poison Control Center. The parent will be notified immediately if Ipecac Syrup is given to their child. The parents should also confirm that their child has no known medical history of heart problems, bleeding, seizures, or is taking medication that might interact negatively with Ipecac Syrup (see appendix for sample forms).
6. Provider should share all knowledge of child's medical history and current medications with the physician or Poison Control Center so that they can determine if Ipecac Syrup should be given.

IPECAC SYRUP PERMISSION

I, _____, give permission for _____ to
(Parent) (Provider)

give _____ Ipecac Syrup, under the above conditions.
(Child)

ITEMS NEEDING LOCK AND KEY STORAGE

Listed below are items commonly found in the home; however, this list does not include every item that needs to be locked. Further questions should be referred to your Child Care Resource Specialist.

Poisons and Cleaning Agents:

Bleach	Kerosene
Dishwasher soap (not dishsoap)	Rodent killer
Laundry items (soap, fabric softener, etc.)	Drain cleaner
Bathroom cleaners/disinfectants	Furniture polish
Kitchen cleansers/disinfectants	Window cleaner
Oven cleaners	Ammonia
Organic or natural cleaners	Antifreeze
Stains, shellacs, paint thinners	Gasoline
Herbicides	Insecticides

Medications:

Hydrogen peroxide	Hydrocortisone
Rubbing alcohol	Vitamins
First aid cream (neosporin, anti-bacterial ointments)	Medicated eye drops
Prescription medications	Herbal remedies
Over-the-counter medications	

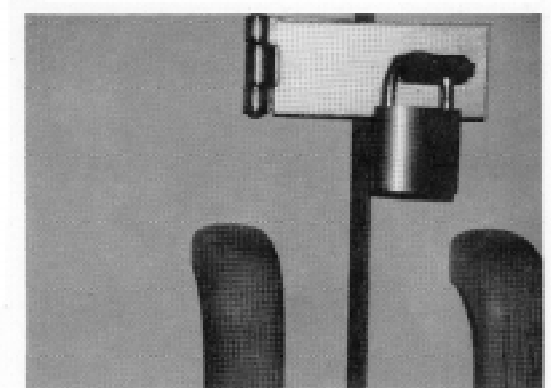
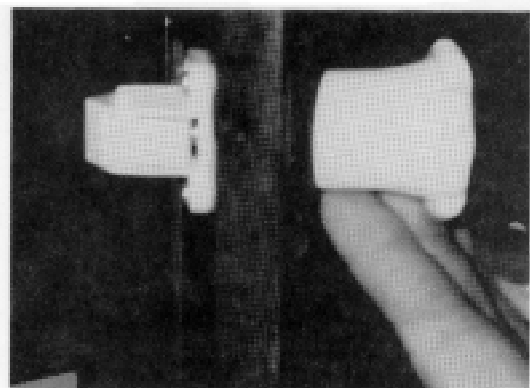
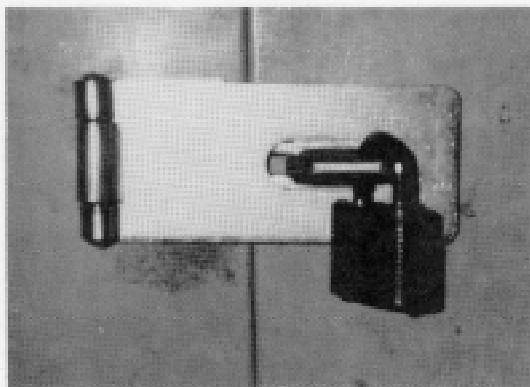
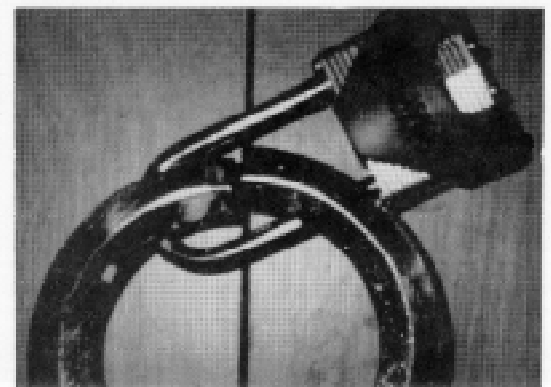
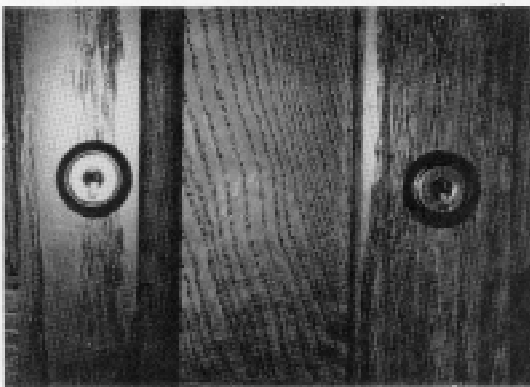
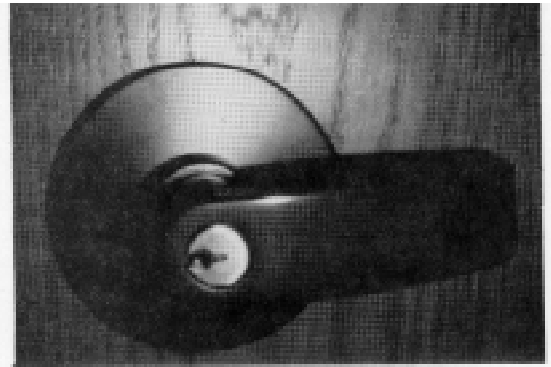
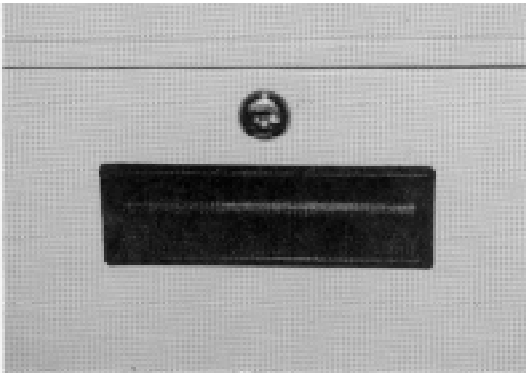
Weapons:

All firearms (including BB guns, hunting guns)
 Bows and arrows
 Machetes
 Hunting knives
 Brass knuckles
 Knumb-chuks
 Rifles
 Automatic weapons

Ammunition:

Black powder
 BB's
 Bullets
 Shells
 Blanks
 Loaded clips

Examples of Acceptable Lock and Key Devices



DAILY MEDICATION PERMISSION AND RECORD

[illegible]

LONG-TERM MEDICATION PERMISSION AND RECORD

I, _____, give permission to _____
(parent) (provider)

to administer the medications listed below to _____ (child)

at the following times or under the following circumstances: _____

Parent's signature

Date _____

Medications, Amounts, and Instructions: _____

Medication Record:Medication amount

Time/Date

Given By

TRAINING OPPORTUNITIES

Listed below are some suggestions for accessing training in the area of child care. For more information regarding training, contact a Child Care Resource Specialist.

Libraries

Provider support groups

Local colleges (community, private, state)

Local hospitals

County extension office

Local school systems (educational service units)

Nebraska Association for the Education of Young Children chapters (state and local)

Food program sponsors

Local health departments

Child Protective Services

Local law enforcement

Early Childhood Training Center

American Red Cross

American Heart Association

Emergency Medical Planning America (Medic First Aid)

Local community organizations/agencies

Department of Education

Foster Care training

National Safety Council

Community centers

Church organizations/programs

Charitable organizations

Chambers of Commerce

Local child care conferences

Local fire departments

INSERVICE TRAINING RECORD

Name _____

[illegible]

Independent Study Documentation

Independent Study is a way to learn from books, videos and other materials. This type of learning is done on your own and will aid in your growth and development as an early childhood professional

Name _____

Title of Material _____

Material borrowed from _____

Date Completed _____ Number of clock hours _____

Type of Material:

___ Videotape Length (minutes) _____

___ Audio cassettes Length (minutes) _____

___ Book Length (pages read) _____ Author _____

___ Article Length (pages read) _____ Author _____

1 clock hour equals 50 pages of reading material - Audio and video tapes equal the actual number of hours

Choose one of the 13 CDA topic areas (listed on the back of this form) and describe how the material you explored fits into this area.

Describe something that you learned from the material that you might share with another provider or a parent.

Explain how the information you shared could be used/or is used in your own program.

The following list is a CDA approved topic list for appropriate practice with children. Child Development Associate (CDA) is a credential awarded to those who demonstrate satisfactory performance in six competency core areas established by the Child Development Associate consortium. A Child Development Associate (CDA) works as a child care provider or early childhood educator.

A. SAFE ENVIRONMENT

To promote a safe environment that prevents and reduces injuries.

B. HEALTHY ENVIRONMENT

To promote good health, nutrition and the prevention of illness.

C. LEARNING ENVIRONMENT

To promote the use of space, relationships, materials and routines as resources for constructing an interesting, secure and enjoyable environment that encourages play, exploration and learning.

D. PHYSICAL DEVELOPMENT

To promote a variety of equipment, activities and opportunities to enhance the physical development of children.

E. COGNITIVE LEARNING

To promote activities and opportunities that encourage curiosity, exploration and problem solving appropriate to the developmental levels and learning styles of children.

F. COMMUNICATION

To promote communication with children and provide opportunities and support for children to understand, acquire and use verbal means of communicating thoughts and feelings.

G. CREATIVE LEARNING

To promote opportunities that stimulate children to play with sound rhythm, language, materials, space and ideas in individual ways and to express their creative abilities.

H. SELF-ESTEEM

To promote physical and emotional development and emotional security for each child and helps each child to know, accept and take pride in himself/herself and to develop a sense of independence.

I. SOCIAL DEVELOPMENT

To promote helping each child to feel accepted in the group, to learn to communicate and get along with others, encourage feelings of empathy and mutual respect among children and adults.

J. GUIDANCE

To promote a supportive environment in which children can begin to learn and practice appropriate and acceptable behaviors as individuals and as a group.

K. FAMILY RELATIONSHIPS

To promote an open, friendly and cooperative relationship with each child's family encouraging their involvement in the program and supporting the child's relationships with his/her family.

L. PROGRAM MANAGEMENT

To promote use of all available resources to ensure an effective operation (organization, planning, record keeping, communicating, team building).

M. PROFESSIONALISM

To promote decision making based on knowledge of early childhood theories and practices; promoting quality in child care services and taking advantage of opportunities to improve competence both for personal and professional growth and for the benefit of children and their families.

STAFF RECORDS CHECKLIST
FAMILY CHILD CARE HOME II

Secondary Provider

Name _____

Address _____

Telephone Number _____

Date of Birth _____

Social Security Number _____

_____ Health Information Report (DSS-0913) (upon hiring)

_____ Hiring Date

_____ Felony/Misdemeanor Statement

_____ Three (3) non-relative references; written record must be available

_____ CPR/First Aid (needed if secondary provider is left alone with children)

REFERENCE CHECK INFORMATION

The following individuals listed as references by _____, have
(secondary provider)
 been contacted:

1. _____
(Name) (Date) (Phone) or (Mail)

Summary of reference response: _____

2. _____
(Name) (Date) (Phone) or (Mail)

Summary of reference response: _____

3. _____
(Name) (Date) (Phone) or (Mail)

Summary of reference response: _____

Sample reference questions:

What is your knowledge of this person's experiences with children? Do you feel this person would make a quality child care provider?

SUDDEN INFANT DEATH SYNDROME

Sudden Infant Death Syndrome, or “Crib Death,” is the single leading cause of death in infancy after the first week of life. It accounts for some 7,000 infant deaths annually in the United States alone. In Washington each year, 190 to 210 apparently healthy infants become victims of SIDS.

Due to the increased number of working mothers, a growing percentage of these deaths occur in child care facilities or in the homes of babysitters. SIDS is a centuries-old, worldwide enigma, and remains as one of the last great unsolved childhood catastrophes. Even though research is ongoing locally, nationally and internationally, there is currently no detection, treatment or prevention for SIDS.

THE INVESTIGATION...WHAT TO EXPECT

Whenever there is an unexplained death, the law requires an investigation to find out the cause. Several people may ask you for the same information. The investigation may be hard for you and others close to the child.

The investigation serves three purposes. It helps determine the cause of death. It also helps us learn more about SIDS. And it may help you remember that **NO ONE IS TO BLAME FOR A SIDS DEATH.**

The investigators need your help. You may be asked to help in the following ways:

- **Law Enforcement**
You may be asked about the baby's health, behavior, naptime and other observations you may have made. Photographs may be taken. They may ask you not to go into the area where the baby died.
- **Licensing**
Licensing may ask questions similar to those asked by law enforcement. In addition, they will ask questions related to licensing regulations. A SIDS death is not cause for revoking a license.
- **Coroner**
A coroner's investigator may contact you with more questions about the circumstances of the death. An autopsy will be done. If you want the results, call the coroner's office.

FACTS ABOUT SIDS

As a child care provider who cares for infants, **YOU SHOULD BE FAMILIAR WITH THESE FACTS:**

- SIDS occurs in an apparently healthy baby during a period of sleep. The infant is found sometime later. The death has occurred quickly without suffering.
- SIDS most commonly occurs in infants between the ages of three weeks and one year. The majority of deaths will have occurred by six or seven months of age.
- SIDS can strike a family of any race, religion, ethnic or economic group.

SIDS IS NOT THE RESULT OF A CONTAGIOUS ILLNESS. SIDS is not contagious. During the winter season, SIDS is more commonly seen, but there is no reason for unusual concern in cases where an infant is exposed to another who subsequently dies of SIDS. It is not likely to happen after the first year of life, so older children are not at risk. There is no reason to be concerned about contamination from the clothing, bedding, or furniture of a SIDS baby.

CHOKING IS NOT THE CAUSE. SIDS is not caused by vomiting and choking. Sometimes milk or even blood-tinged froth is found around the mouth or on the bedding. This has been shown to occur after death, and at autopsy the fluid is found not to have blocked the internal air passages.

SUFFOCATION IS NOT THE CAUSE. As a result of the death process, it is not uncommon for a victim to be found wedged into a corner of his/her crib or with the head covered by blankets. Sometimes the face may be turned down into the pillow or mattress; it may be discolored.

Under such circumstances, it is natural to assume that the baby smothered. The baby can also be found without any articles of bedding, clothing, toys or pets around or near the face. Investigators have found that even when infants are completely covered by bedding, the amount of oxygen available to them is not reduced to the point of causing suffocation.

SIDS IS NOT CAUSED BY CHILD ABUSE OR NEGLECT. The general appearance of the child in his/her crib may be misleading. After death, gravity causes blood to pool in areas of the body which are lower (i.e., if the child is lying face down, blood will drain to the face). The result appears to be a large, bruised area, but this actually occurs after the death of the baby.

SIDS CANNOT BE PREDICTED OR PREVENTED. Because public awareness and the number of studies on SIDS have increased dramatically, SIDS appears frequently in medical literature and the news media. Periodically, such reports create the illusion that the cause of SIDS has been found. It is important to restate that SIDS continues as an unsolved problem. Even with our current scientific knowledge, the victims cannot be identified beforehand. There is still no way to determine which baby may die of SIDS; therefore, there are no preventative measures.

CHILD CARE PROVIDERS

When a child dies of SIDS while in the care of a day care provider, babysitter or foster family, it has a profound impact on that person. Child care providers often tell us they are surprised at the intensity of their feelings. Many say it is almost as if they had lost their own child. Guilt feelings are often paramount. They wonder if they could have done anything else to prevent the death or if they did anything to cause it. Frequently, they worry they will never be able to take care of another baby -- to trust themselves to overcome the anxiety that this might happen again. If the child care provider's family was not there when the baby died, they often do not understand the intensity of the feelings, nor do they appreciate how long the grief and anxiety will continue.

Child care providers' feelings about a baby are not dependent upon the length of time they have known the child. Caring for a baby brings out the feeling of protectiveness and a sense of responsibility in everyone. This sense of responsibility leads to the often overwhelming feelings of guilt. We all wish we had more control over the important things in life.

Child care providers have the initial trauma of finding the baby and then dealing with the crisis of calling the rescue squad, trying to revive the baby, taking care of any other children at the home or center, and may be the ones to call the parents. Then, if the child is taken to a hospital, the providers often find themselves waiting for some word. Their relationship now with parents is frequently uncertain and uncomfortable. Even if they know the parents well, they may not be sure how the parents will feel about seeing or hearing from them. Will the parents blame them for the death? Will seeing them later on be a too difficult reminder? Decisions about contacting the family first or waiting to hear from them and about attending the funeral services are often difficult.

Families are most often very supportive of the child care provider. They may have many feelings about missing the last bit of time with their baby and may worry that they could have done something to save their child. The most frequent statement parents make is that they were spared the trauma of being the one to find the baby, but regret that the child care provider had to experience this.

Other parents may want to know the details surrounding an infant's death. This information can be helpful in that explanation. If you are informed about SIDS, then you can answer a parent's questions and help them feel comfortable with the situation. The staff from the Foundation can be contacted to arrange a parent meeting that can reassure other families about their children's care. Additional printed material is also available from the SIDS office.

EXPLAINING THE DEATH TO CHILDREN. The other children in your care should be told about the death of the baby. By using the actual words, such as "dying" and "death," you will be teaching the children that this is a natural part of life, and they will not be confused over what has happened to the infant. Phrases such as "went away" or "went to sleep" often make children misunderstand a death and lead them to become fearful of these events. Young children understand the literal meaning of a word. You can explain that the baby died of SIDS and **NO ONE IS TO BLAME** because **WE DO NOT KNOW WHY IT OCCURS**. Reassure youngsters that SIDS only happens to babies.

Open discussions with the children enable you to see how much they understand about a death. By displaying your natural grief, you help them learn appropriate mourning behavior. If a child is familiar with his or her own religious beliefs, death can be discussed in a religious context.

Again, it is important not to use confusing euphemisms, such as "God wanted the baby," which leads a child to believe that God may want him or her next, or that God is no friend to babies.

Children react to death according to their age. Up to five years of age, children see death as magical and temporary. They believe that their own wishes have power. Sometimes siblings feel that they are responsible for a death because of wishing the baby away. They have trouble understanding exactly "where" the baby went when he/she died.

Younger children may cling to adults during a mourning period. Sadness may be portrayed through a decrease or unusual increase in activity, or by being overly quiet. You can help a child best by being open, honest and consistent in your behavior.

The death of a baby is one of the saddest experiences a person can endure. Remember -- **YOU ARE NOT ALONE. REACH OUT.**